Clinician Guidelines and Public Health Considerations

Control of STD is based on four major concepts: 1) education of persons at risk on the modes of disease transmission and the means for reducing the risk of transmission; 2) detection of infection in asymptomatic persons and in persons who are symptomatic but unlikely to seek diagnostic and treatment services; 3) effective diagnosis and treatment of persons who are infected; and 4) evaluation, treatment, and counseling of sex partners of persons with an STD. Although this document deals largely with clinical aspects of STD control, the prevention of STD is based primarily on changing the sexual behaviors that put patients at risk.

Clinical Considerations

For persons requesting health services for evaluation of an STD, appropriate care consists of the following components (the temporal order of the interventions may vary, depending on the specific case and diagnosis):

- History
- Medical and behavioral risk assessment
- Physical examination
- Laboratory investigations
- Diagnosis
- Curative or palliative therapy
- Counseling and education
  - Present episode of STD
  - Prevention of future episodes
- Reporting of case when required
- Sex partner identification, notification, and evaluation
- Clinical follow-up when appropriate

Persons who are seeking health care services for other reasons, but who are at risk for acquisition of STD*, should undergo the following as part of their routine health care:

- STD risk assessment
- Directed physical examination on elicited symptoms
- Screening for asymptomatic infections

In special situations, such as prenatal visits and legally induced abortions, screening for STD may have greater impact in preventing complications of STD. For specific recommendations in cases of sexual assault or child abuse, see “Sexual Assault and STD.”

Specific guidelines for screening in each situation are beyond the scope of this document. However, whenever possible, the following laboratory screening tests for STD should be available:

- HIV antibody test (screening + confirmatory test)
- Syphilis serology (nontreponemal test + treponemal confirmatory test)
- Culture for *N. gonorrhoeae*
- Culture, DFA, Non rapid EIA test, DNA Probe or nucleic acid amplification for C. Trachomatis **
- Light microscopy for Gram stain, wet mounts of vaginal secretions
- Darkfield microscopy for *Treponema pallidum*

** See Chlamydia trachomatis Guidelines prepared by CLAC 4/98.

Special Populations

Pregnant Women

Intrauterine or perinatally transmitted STD can have fatal or severely debilitating effects on the fetus. Routine prenatal care should include an assessment for STD, which in most cases includes serologic screening for syphilis and hepatitis B, testing for chlamydia, and gonorrhea culture (see specific sections for management of clinical disease). Prenatal screening for HIV is indicated for all patients with risk factors for HIV or with a high-risk sexual partner; some authorities recommend HIV screening of all pregnant women.

*Persons at higher risk for STD include sexually active persons under 25 years age, those who have had multiple sexual partners within the previous 6 months, and those with a history of STD. In addition, prostitutes and persons having sexual contact with prostitutes , user of illicit drugs, and inmates of detention centers have increased rates of STD and should be evaluated when seeking medical care.

STD SCREENING GUIDELINES

Washington State Clinical Advisory Council

Originally published: April 1998 Reviewed: October 2000 (no changes)

Who should be screened

Asymptomatic

1. Patient with 1 or more risk factors (see back)
2. Pregnant women

Screen for:

Neisseria gonorrhoeae[a]
Chlamydia trachomatis (see screening guideline)[b]
Syphilis (*Treponema pallidum)*[c]
Hepatitis B (see hepatitis screening guidelines)[d]
HIV (see HIV screening guidelines)[e]

Symptomatic (listed by symptom and organism/syndrome to consider testing for)

Urethritis/Cervicitis

- *Neisseria gonorrhoeae*
- *Chlamydia trachomatis (see screening guideline)*
- Less frequent causes (*Ureaplasma urealyticum*[f], *Trichomonas vaginalis*[g], herpes simplex virus[h])

Genital Ulcers/Inguinal Lymphadenopathy

- Syphilis (*Treponema pallidum)*
- Herpes simplex virus
- Chancroid (*Haemophilus ducreyi*)[i]
- Lymphogranuloma venereum (*Chlamydia trachomatis* LGV serovars L1, L2, and L3)[j]

Vaginal Infection

- Trichomoniasis (*Trichomonas vaginalis*)
- Candidiasis (*Candida albicans*)[k]
- Bacterial vaginosis[l]

Genital Warts

- Human papillomavirus[m]

HIV Disease (see HIV screening guidelines)

Pelvic Inflammatory Disease

- *Neisseria gonorrhoeae*
- *Chlamydia trachomatis (see screening guideline)*
- Less frequent causes (anaerobes, gram-negative rods, streptococci, mycoplasmas)

Epididymitis

- *Neisseria gonorrhoeae*
- *Chlamydia trachomatis (see screening guideline)*

Proctitis/Proctocolitis/Enteritis

- *Neisseria gonorrhoeae*
- *Chlamydia trachomatis*
- Herpes simplex virus
- Syphilis (*Treponema pallidum*)
- Enteric pathogens[n]

Hepatitis B (see hepatitis screening guidelines)

Ectoparasitic Infections

- Pediculosis pubis (*Pthirus pubis*, pubic louse, "crabs")[o]
- Scabies (*Sarcoptes scabiei*)[p]

[a] *Neisseria gonorrhoeae* - culture, nucleic acid amplification, or DNA probe.
[b] *Chlamydia trachomatis* - culture, nucleic acid amplification, DNA probe, or antigen test.
[c] Syphilis - nontreponemal antibody screening test with treponemal confirmatory test.
[d] Hepatitis B - hepatitis B surface antigen.
[e] HIV - HIV antibody screening test with confirmatory test.
[f] *Ureaplasma urealyticum* - culture.
[g] *Trichomonas vaginalis* - wet mount or culture.
[h] Herpes simplex virus - culture, non rapid Ag detection test.
[i] Chancroid - culture.
[j] Lymphogranuloma venereum - clinical diagnosis, culture, or serology.
[k] Candidiasis - KOH preparation, wet mount, or gram stain.
[l] Bacterial vaginosis - at least three criteria present (homogeneous discharge, pH > 4.5, positive amine odor test, or presence of clue cells).
[m] Human papillomavirus - clinical diagnosis.
[n] Enteric pathogens - stool culture and ova and parasites examination.
[o] Pediculosis pubis - presence of lice or nits (eggs) in pubic hair.
[p] Scabies - presence of mites, eggs, or feces in mineral oil preparation on skin scrapings.

REFERENCES:

1. Sexually Transmitted Diseases Treatment Guidelines. DHHS/Public Health CDC September 1989 and 1993.

FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.